



Application Data Sheet

Application Information

Application number:: ~~Not Yet Assigned~~ 10/627,211
Filing Date: 07/25/03
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: ~~None~~ 1614
CD-ROM or CD-R?: None
Sequence submission?: None
Computer Readable Form (CRF)?:: No
Title:: CONJUGATES OF PORPHYRIN
COMPOUNDS WITH
CHEMOTHERAPEUTIC AGENTS

Attorney Docket Number:: 376462001900
Request for Early Publication?: No
Request for Non-Publication?: No
Total Drawing Sheets:: 5
Small Entity?: Yes
Petition included?: No
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Benjamin
Family Name:: FRYDMAN
City of Residence:: Madison
State or Province of Residence:: Wisconsin
Country of Residence:: United States
Street of mailing address:: 821 North Holt Circle
City of mailing address:: Madison

State or Province of mailing address:: Wisconsin

Postal or Zip Code of mailing address:: 53719

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Argentina

Status:: Full Capacity

Given Name:: Aldonia

Middle Name:: L.

Family Name:: VALASINAS

City of Residence:: Madison

State or Province of Residence:: Wisconsin

Country of Residence:: United States

Street of mailing address:: 821 North Holt Circle

City of mailing address:: Madison

State or Province of mailing address:: Wisconsin

Postal or Zip Code of mailing address:: 53719

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Middle Name:: A.

Family Name:: KINK

City of Residence:: Madison

State or Province of Residence:: Wisconsin

Country of Residence:: United States

Street of mailing address:: 110 Wolf Street

City of mailing address:: Madison

State or Province of mailing address:: Wisconsin

Postal or Zip Code of mailing address:: 53717

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Laurence
Middle Name:: J.
Family Name:: MARTON
City of Residence:: Fitchburg
State or Province of Residence:: Wisconsin
Country of Residence:: United States
Street of mailing address:: 5810 Tree Line Drive
City of mailing address:: Fitchburg
State or Province of mailing address:: Wisconsin
Postal or Zip Code of mailing address:: 53711

Correspondence Information

Correspondence Customer Number:: 25226

Representative Information

Representative Customer Number:: 25226

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional	60/400,512	August 2, 2002

Assignee Information

Assignee name:: SLIL BIOMEDICAL CORPORATION
Street of mailing address:: 505 Science Drive, Suite C
City of mailing address:: Madison
State or Province of mailing address:: Wisconsin
Postal or Zip Code of mailing address:: 53711-1093